

<b>Case Number:</b>	CM15-0141405		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male, who sustained an industrial injury on 08-14-2010. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right C6 radiculopathy due to severe foraminal stenosis on the right side at C5-C6 and moderate spinal stenosis at this level per MRI dated 06-13-2014, status post C5-C6 discectomy and fusion on 10-23-2014, left knee pain, low back pain with multilevel bulging discs at L1-L2 and 3mm bulge with mild foraminal stenosis, 3mm bulge with moderate bilateral neuroforaminal stenosis at L2-L3, and 3 to 4mm bulge with moderate intraforaminal stenosis, and 4mm bulge with moderate foraminal narrowing bilaterally per lumbar spine MRI dated 05-22-2015, and right shoulder pain. Treatment and diagnostics to date has included lumbar spine MRI, cervical spine MRI, cervical spine surgery, and medications. In a progress note dated 06-09-2015, the injured worker reported neck and low back pain. Objective findings included limited range of motion at the lumbar spine, decreased sensation over the top of the foot and large toe on both feet, and positive straight leg raise test on the right side. It is noted that a urine drug screen dated 05-15-2015 showed alcohol and the physician instructed the injured worker that they will be monitoring his more closely and will discontinue the Norco if another urine screen shows alcohol. The treating physician reported requesting authorization for a lumbar epidural steroid injection and retrospective Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Interlaminar epidural steroid injection L4-L5 Qty:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is imaging or electro diagnostic studies corroborating the diagnosis of radiculopathy. However, there is not failure of conservative treatment of the recently authorized physical therapy directed towards the lumbar radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.

**Retrospective Norco 10/325 mg #90 with a dos of 6/9/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement compared to baseline). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.